POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(handwritten)*	67814	3/5/10
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	*(handwritten)*	683	
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
−	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim		Date	Claim		Date	Claim		Date
Final	Original	10.18.01 / 10.4.02	Final	Original	10.18.01 / 10.4.02	Final	Original	
1	1	✔	51	✔		101		
2	2		52			102		
3	3		53			103		
4	4		54			104		
5	5		55			105		
6	6		56			106		
7	7		57			107		
8	8		58			108		
9	9		59			109		
10	10		20	60	✔	110		
11	11		21	61		111		
12	12		22	62		112		
13	13		23	63		113		
14	14		24	64		114		
15	15		25	65		115		
16	16		26	66		116		
17	17		27	67		117		
18	18		28	68		118		
19	19		29	69		119		
20	20			70		120		
21	21		30	71	✔	121		
22	22		31	72		122		
23	23		32	73		123		
24	24			74		124		
25	25			75		125		
26	26			76		126		
27	27			77		127		
28	28			78		128		
29	29			79		129		
30	30			80		130		
31	31			81		131		
32	32			82		132		
33	33			83		133		
34	34			84		134		
35	35			85		135		
36	36			86		136		
37	37			87		137		
38	38			88		138		
39	39			89		139		
40	40			90		140		
41	41			91		141		
42	42			92		142		
43	43			93		143		
44	44			94		144		
45	45			95		145		
46	46			96		146		
47	47			97		147		
48	48			98		148		
49	49			99		149		
50	50			100		150		

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)